

Editorial Department.

WE had scarcely sent to press in our last issue a thoughtful article upon the so-called family, hereditary or Friedreich's locomotor ataxia, than news came from Germany of the death of the man himself, who had been the first to differentiate what he held to be a peculiar form of this now familiar spinal disease. Prof. Dr. Nikolaus Friedreich died at Heidelberg on the 6th of July, of aneurism of the aorta. Friedreich's father was also doctor of medicine and a professor at Würzburg. Young Friedreich as early as 1853 turned his special attention to pathology; in 1858 we find him permanently installed as Prof. of Special Pathology and Director of the Medical Clinic at Heidelberg. Here he worked indefatigably to the end of his days. To his influence was due the great success of the medical clinic and the foundation of the psychiatric clinic. He was perhaps the most prominent purely clinical teacher in Germany. Medicine owes to him many valuable works, some on general and many on special subjects. Among those relating to neurology may be mentioned, a treatise on "Progressive Muscular Atrophy," contributions to the subject of "Tumors within the Cranial Cavity," and a treatise on "Degenerative Atrophy of the Posterior Columns of the Spinal Cord."

The views entertained in this latter work were put forth twenty years ago, when locomotor ataxia was a comparatively novel disease. And Friedreich's contention for his peculiar form of the disease was apparently so securely founded on *post-mortem* observations and carefully observed symptoms, that no one even

attempted to refute them, until the able writer in our last number finally came boldly forward and demonstrated that the so-called Friedreich's form of locomotor ataxia was not locomotor ataxia at all. There is probably no more curious example in medical literature of writer after writer in systematic treatises of diseases of the nervous system, following blindly in the tracks of his predecessors, and employing a nomenclature which, if subjected to but a little thought, would have crumbled to the ground. So much for the influence of a mighty name.

But Friedreich's fame does not rest on a single foundation-stone. He builded well, and broadly, and surely. His work has become an enduring, component part of medical literature. His name is cherished by a broad brotherhood of friends, and respected by his co-workers the world over.

THERE is growing in the community a sentiment which is but a reflex of the opinion long held by those best informed upon the subject among the medical profession, that commitments of patients to the insane asylums are too easily obtained, and their retention in these institutions too easily managed. The daily press of late has recorded numerous examples of inmates who have been withdrawn from our asylums only by the aid of tedious legal processes. What fatal instinct induces superintendents to retain their hold upon the unfortunate whose reason has returned, we know not. We only know, from the instances now recorded during the last six months, that some patients have been kept in durance long after their recovery. Can it be that the typical superintendent is color-blind to sanity; or is it that he possesses an inherited feeling of domination over his patients similar to that displayed by the cat to a maimed mouse? We do not believe this. The distrust abroad in the community, fortunately, may be specialized so as to refer to but few of our lunatic asylum superintendents, who, in general, we are far from believing to be actuated by any of the motives thus publicly expressed.

The whole business of the commitment of lunatics and their